



**STATE OF TENNESSEE
DEPARTMENT OF HUMAN SERVICES**

CITIZENS PLAZA BUILDING
400 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-1403

TELEPHONE: 615-313-4700 FAX: 615-741-4165
TTY: 1-800-270-1349
www.tn.gov/humanservices

BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

January 22, 2018

Alicia Douglas, Chairman of the Board
Just 4 Kids, Incorporated
1105 Jennings Street
Nashville, Tennessee 37208

Dear Ms. Douglas,

The Department of Human Services (DHS) - Audit Services Division staff conducted an unannounced on-site monitoring review of the Child and Adult Care Food Program (CACFP) at Just 4 Kids, Inc. (Sponsor), Application Agreement number 00-336, on November 9, 2017. Additional information was received on November 14, 2017 and December 21, 2017. The purpose of this review was to determine if the Sponsor complied with the *Title 7 of the Code of Federal Regulations* (CFR) applicable parts, application agreement, and applicable Federal and State regulations.

Based on our review of the Sponsor's records and information provided, the Sponsor had 77 daycare homes operating during the test month of September 2017. We selected Doris Dodson, Lateka Jones, Jasmin Fowler, Jeannette Richards, Tiara Ayers, Kathy Jenkins, Carolyn LaCour, Priscilla Rutledge, and Loretta Pate as our sample and records were reviewed for these homes.

Background

CACFP Sponsors utilize meal count sheets to record the number breakfast, lunch, supper and supplement meals served. Meals served by participating Sponsors must meet the minimum guidelines set by the United States Department of Agriculture (USDA) and DHS to be eligible for reimbursement. The CACFP Sponsor reports the number of meals served through the DHS Tennessee Information Payment System (TIPS) to seek reimbursement. We inspected meal counts sheets for our test period and reconciled the meals claimed to the meals reported as served for each meal service. We also assessed compliance with civil rights requirements. In addition, we attempted to observe meal services during our unannounced visits to the sample sites during the test month.

Our review of the Sponsor's records for September 2017 disclosed the following:

1. The Sponsor reported incorrect meal counts

Condition

The Claim for Reimbursement for the test month had 834 breakfast meals, 669 lunch meals, 2,421 supplements, and 1,384 supper meals served. However, our review of Sponsor's records disclosed 669 breakfast meals, 1,170 lunch meals, 1,469 supplements, and 778 supper meals prior to any meal disallowances.

| Provider | Meals | Reported | Documented | Result |
|--------------------|--------------|-----------------|-------------------|---------------|
| Loretta Pate | Breakfast | 105 | 55 | -50 |
| | Snack | 105 | 55 | -50 |
| | Supper | 105 | 55 | -50 |
| Jasmine Fowler | Breakfast | 138 | 135 | -3 |
| | Lunch | 102 | 97 | -5 |
| | Snack | 138 | 135 | -3 |
| Jeannette Richards | Lunch | 96 | 131 | 35 |
| | Snack | 116 | 146 | 30 |
| | Supper | 116 | 146 | 30 |
| Doris Dodson | Lunch | 60 | 65 | -5 |
| | Snack | 80 | 76 | -4 |
| | Supper | 80 | 86 | -6 |
| Tiara Ayers | Lunch | 210 | 240 | 30 |
| | Snack | 210 | 239 | 29 |
| | Supper | 210 | 229 | 19 |
| Lateka Jones | Lunch | 195 | 196 | 1 |
| | Supper | 154 | 150 | -4 |
| Priscilla Rutledge | Lunch | 120 | 60 | -60 |
| | Snack | 140 | 60 | -80 |
| | Supper | 108 | 53 | -55 |
| Kathy Jenkins | Breakfast | 295 | 293 | -2 |
| | Lunch | 289 | 236 | -53 |
| | Snack | 570 | 295 | -275 |
| | Supper | 281 | 55 | -226 |
| Carolyn LaCour | Breakfast | 296 | 207 | -89 |
| | Lunch | 304 | 145 | -159 |
| | Snack | 897 | 237 | -660 |
| | Supper | 292 | 49 | -243 |

As a result of the above noted error in finding 2, we determined that the Sponsor over-reported 165 breakfast meals, 106 lunch meals, 952 supplements, and 596 supper meals. The Sponsor underreported 166 lunch meals, two supplements, and one supper meal. (See Exhibits A, B, C, D, E, F, G, H, I, J)

Criteria

Code of Federal Regulations, Title 7, Section 226.10 (c) states in part, "... In submitting a Claim for Reimbursement, each institution shall certify that the claim is correct and that records are available to support that claim. ..."

Recommendation

The Sponsor should ensure that claims for reimbursement are completed correctly and based on the proper supporting documents, such as meal count sheets.

2. The Sponsor served meals outside approved serving time

Condition

Our on-site visit to observe meal service at the selected feeding sites disclosed the following:

Doris Dodson - feeding site

On September 21, 2017, we conducted an unannounced on-site visit to a Sponsor's feeding site (**Doris Dodson**) to observe a meal service. Based on our observation, we found that there were three (3) supplements were served outside of the approved serving time. Participants were served before the approved serving time of 2:00 PM.

As a result, three (3) supplements were disallowed. (See Exhibit B)

Tiara Ayers - feeding site

On September 13, 2017, we conducted an unannounced on-site visit to a Sponsor's feeding site (**Tiara Ayers**) to observe a meal service. Based on our observation, we found that there were twelve (12) supplements were served outside of the approved serving time. Participants were served before the approved serving time of 3:00 PM.

As a result, 12 supplements were disallowed. (See Exhibit C)

Loretta Pate - feeding site

On September 7, 2017, we conducted an unannounced on-site visit to a Sponsor's feeding site (**Loretta Pate**) to observe a meal service. Based on our observation, we found that there were six (6) supplements were served outside of the approved serving time. Participants were served before the approved serving time of 3:00 PM. Also, we noted that one (1) supplement was served outside of the approved serving time. The participant was served after the approved serving time of 3:30 PM.

As a result, seven supplements were disallowed. (See Exhibit E)

Jeanette Richards - feeding site

On September 8, 2017, we conducted an unannounced on-site visit to a Sponsor's feeding site (**Jeanette Richards**) to observe a meal service. We were unable to observe a meal service. According to the Provider, the supplements were served before the approved serving time.

Participants were served before the approved serving time of 2:30 PM. The Provider did not provide us with the meal counts for this day; therefore, all supplements claimed will be disallowed. (**Note:** the supplements have been disallowed in previous finding.)

As a result of the above noted errors in this finding, we determined that 22 supplements were disallowed as a result of feeding outside of the approved serving time in TIPS. (See Exhibit A)

Criteria

Title 7 of the Code of Federal Regulations, Section 226.20(k) states, "State agencies may require any institution or facility to allow a specific amount of time to elapse between meal services or require that meal services not exceed a specified duration."

Recommendation

The Sponsor should serve meals during the approved serving time that is listed in TIPS and/or change the serving time to meet the needs of the center and the participating children.

3. The Sponsor served whole milk to children over two years of age

Condition

During our monitoring visit to the home of **Tiara Ayers** on September 22, 2017, there were five participants over the age of two that were served whole milk during the supplement service observed. Whole milk may not be served to children over two years of age as a creditable component. Therefore, these meals are not eligible for reimbursement.

As a result, five supplements served were disallowed. (See Exhibit

Criteria

Title 7 of the Code of Federal Regulations, Section 226.20(a) states, "Except as otherwise provided in this section, each meal served in the Program must contain, at a minimum, the indicated food components: (ii) Children 2 through 5 years old. Children two through five years old must be served either unflavored low-fat (1 percent) or unflavored fat-free (skim) milk. (iii) Children 6 years old and older. Children six years old and older must be served unflavored low-fat (1 percent), unflavored fat-free (skim), or flavored fat-free (skim) milk."

The *USDA memo CACFP 21-2011-Revised, dated September 15, 2011*. states, "Whole milk and reduced-fat (2%) milk may not be served to participants over two years of age."

Recommendation

The Sponsor should ensure that all providers understand the requirements regarding milk for children based on their age group and the meal being served.

4. The Sponsor did not have enrollment information available for review as required

Condition

During our on-site visit to a Sponsor's feeding site (**Loretta Pate**), the provider did not have enrollment information available. As well, during our on-site visit to the Sponsor, we were unable to verify that enrollment information for participants in the home of **Loretta Pate**.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.18(e) states, "Each day care home must maintain on file documentation of each child's enrollment and must maintain daily records of the number of children in attendance and the number of meals, by type, served to enrolled children. Such documentation of enrollment must be updated annually, signed by a parent or legal guardian, and include information on each child's normal days and hours of care and the meals normally received while in care. ..."

Recommendation

The Sponsor should ensure that each feeding site staff keeps current and accurate enrollment forms on file for every participant in care. These records should be available upon request.

5. The Sponsor did not have a current menu posted for the meal observed

Condition

There was no menu posted at the home of **Loretta Pate**. Also, the menu at the home of **Jeanette Richards** was not dated.

Criteria

FNS Instruction 796-2, Rev. 4, states, "Menu records that identify the meal components served to participants must be maintained. Menu records must be updated to reflect changes to planned menus so that the menu records reflect the actual meal components and foods service to participants."

Recommendation

The Sponsor should ensure that all approved and active feeding sites have current menu posted in a conspicuous place.

6. The Sponsor did not provide documentation for the required annual CACFP training

Condition

The Sponsor did not provide documentation for the required annual training for CACFP staff. This training is required and must emphasize food service procedures and record keeping requirements.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.15(e) states, "Each institution shall establish procedures to collect and maintain all program records required under this part, as well as any records required by the State agency... (12) Information on training session date(s) and location(s), as well as topics presented and names of participants."

Recommendation

The Sponsor will ensure that all training is documented and the documentation is available upon request.

7. The Sponsor did not monitor sites as required

Condition

The Sponsor did not provide monitoring documentation for a feeding site (**Loretta Pate**).

The Sponsor did not complete monitoring as required for the feeding site (**Jasmine Fowler**). We were provided a form indicating a Per-operation Visit was completed on June 7, 2017. No additional documentation was provided to support additional monitoring conducted.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.16 (d) "Each sponsoring organization must provide adequate supervisory and operational personnel for the effective management and monitoring of the program at all facilities it sponsors. Each sponsoring organization must employ monitoring staff sufficient to meet the requirements of paragraph (b)(1) of this section. At a minimum, Program assistance must include: ... (4)(iii) Frequency and type of required facility reviews. Sponsoring organizations must review each facility three times each year, except as described in paragraph (d)(4)(iv) of this section. In addition:

- (A) At least two of the three reviews must be unannounced;
- (B) At least one unannounced review must include observation of a meal service;
- (C) At least one review must be made during each new facility's first four weeks of Program operations; and
- (D) Not more than six months may elapse between reviews.\

Recommendation

The Sponsor should ensure monitoring is completed three times a year with no more than 6 months between each visit.

8. The Sponsor did not have a thermometer in the refrigerator

Condition

The feeding site (**Loretta Pate**) did not have a thermometer in the refrigerator.

Criteria

Title 7 of the Code of Federal Regulations, Section 226.20 (k) (i) requires institutions to insure that food is stored properly. The United States Food and Drug Administration guidelines state a refrigerator should have a temperature of 40 degrees Fahrenheit or less (4 degrees Centigrade) and a freezer should have a temperature of 0 degrees Fahrenheit or less (-18 Centigrade) for the safe storage of food.

Recommendation

Sponsor should ensure that all approved and active feeding sites have a working thermometer in both the refrigerator and freezer.

Technical Assistance Provided

During our visit to the Sponsor, technical assistance was provided regarding the issues that were noted at the feeding sites, making revisions in TIPS, and provided information regarding the new meal pattern requirements effective October 1, 2017. During the on-site visit to Jasmine Fowler, feeding site, technical assistance was provided regarding the new meal pattern and ensuring that portion sizes are served and all components are served at the same time.

Disallowed Meals Cost

Based on our review, we determined that the Sponsor's noncompliance with the applicable Federal and State regulations that govern the CACFP resulted in a total cost of \$2,241.18.

Corrective Action

Just 4 Kids, Inc. must complete the following actions within 30 days from the date of this report:

- Login to the Tennessee Information Payment System (TIPS) and revise the claim(s) submitted for each site for September 2017 which contains the verified claim data from the enclosed exhibit;
- Remit a check payable to the ***Tennessee Department of Human Services*** in the amount of \$ \$2,241.18 for recovery of the amounts disallowed in this report. ***Please return the attached billing notice with your check***; and
- Prepare and submit a corrective action plan to address the deficiencies identified in this report. The corrective action plan template is attached. Please return the corrective action plan to:

AuditServices.CAPS.DHS@tn.gov

If you have questions relative to the corrective action plan please contact:

Allette Vayda, Director
Child and Adult Care Food Program
8th Floor Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243
Allette.Vayda@tn.gov
(615) 313-3769

Please note that the amount of disallowed cost is subject to an interest charge. The interest charge will be waived if your revised claim within 30 days from the date of this report. If the revised claim is not completed by the 30-day deadline, an interest charge may be billed to your institution. Please mail your check and the billing notice to:

Child and Adult Care Food Program
Fiscal Services
11th Floor, Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243

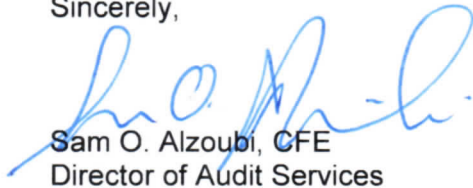
In accordance with the federal regulation found at 7 *CFR Part 226.6 (k)*, your institution may appeal the amount of disallowed cost identified in this monitoring report. The procedures for submitting an appeal are enclosed. The appeal must be submitted to:

Tennessee Department of Human Services
Appeals and Hearings Division, Clerk's Office
P.O. Box 198996
Nashville, TN 37219

If the Institution decides to appeal the amount of disallowed administrative and meals cost, all appeal procedures must be followed as failure to do so may result in the denial of your request for an appeal.

We appreciate the assistance provided during this review. If you have any questions regarding this report, please contact Sean Baker, Audit Director 2, at 615-313-4727 or Sean.Baker@tn.gov.

Sincerely,



Sam O. Alzoubi, CFE
Director of Audit Services

Exhibits

cc: Kimberly Edmonson, Executive Director, Just 4 Kids, Inc.
Allette Vayda, Director, Child and Adult Care Food Program
Elke Moore, Administrative Services Assistant 3, Child and Adult Care Food Program
Constance Moore, Program Specialist, Child and Adult Care Food Program
Debra Pasta, Program Specialist, Child and Adult Care Food Program
Marty Widner, Program Specialist, Child and Adult Care Food Program
Comptroller of the Treasury, State of Tennessee

EXHIBIT A**Homes Sponsor Program Review Data****Sponsor: Just 4 Kids, Inc.****Review Month/Year: September 2017****Total Amount Paid to Sponsor for Reported Meals: \$66,442.64**

| Program Area | Reported on Claim | Reconciled to Provided Documents |
|-------------------------------------|--------------------------|---|
| Total Number of Tier 1 Homes | 77 | 72 |
| Total Number of Homes | 77 | 72 |
| Total Tier 1 Attendance | 21 | 916 |
| Number of Tier 1 Breakfasts Served | 834 | 669 |
| Number of Tier 1 Lunches Served | 1,276 | 1,170 |
| Number of Tier 1 Suppers Served | 1,384 | 788 |
| Number of Tier 1 Supplements Served | 2,421 | 1,469 |

EXHIBIT B**Daycare Home Provider Data****Name of Home/Tier Type: Doris Dodson**

| Program Area | Reported on Claim | Reconciled to Provided Documents |
|---|--------------------------|---|
| Number of Days that CACFP Food Service was operated | 21 | 21 |
| Total Tier 1 Attendance | XXXX | 86 |
| Number of Tier 1 Lunches Served | 60 | 65 |
| Number of Tier 1 Supplements Served | 80 | 73 |
| Number of Tier 1 Suppers Served | 80 | 86 |

EXHIBIT C

Daycare Home Provider Data**Name of Home/Tier Type: Tiara Ayers**

| Program Area | Reported on Claim | Reconciled to Provided Documents |
|---|--------------------------|---|
| Number of Days that CACFP Food Service was operated | 21 | 21 |
| Total Tier 1 Attendance | XXXX | 240 |
| Number of Tier 1 Lunch Served | 210 | 240 |
| Number of Tier 1 Supplement Served | 210 | 222 |
| Number of Tier 1 Suppers Served | 210 | 229 |

EXHIBIT D**Daycare Home Provider Data****Name of Home/Tier Type: Lateka Jones**

| Program Area | Reported on Claim | Reconciled to Provided Documents |
|---|--------------------------|---|
| Number of Days that CACFP Food Service was operated | 21 | 21 |
| Total Tier 1 Attendance | XXXX | 199 |
| Number of Tier 1 Lunches Served | 195 | 196 |
| Number of Tier 1 Supplements Served | 197 | 197 |
| Number of Tier 1 Suppers Served | 154 | 150 |

EXHIBIT E**Daycare Home Provider Data****Name of Home/Tier Type: Loretta Pate**

| Program Area | Reported on Claim | Reconciled to Provided Documents |
|---------------------|--------------------------|---|
|---------------------|--------------------------|---|

| | | |
|---|------|----|
| Number of Days that CACFP Food Service was operated | 21 | 21 |
| Total Tier 1 Attendance | XXXX | 55 |
| Number of Tier 1 Breakfasts Served | 105 | 55 |
| Number of Tier 1 Supplements Served | 105 | 48 |
| Number of Tier 1 Supper Served | 105 | 55 |

EXHIBIT F

Daycare Home Provider Data

Name of Home/Tier Type: Jasmine Fowler

| Program Area | Reported on Claim | Reconciled to Provided Documents |
|---|-------------------|----------------------------------|
| Number of Days that CACFP Food Service was operated | 21 | 21 |
| Total Tier 1 Attendance | XXXX | 136 |
| Number of Tier 1 Breakfasts Served | 138 | 135 |
| Number of Tier 1 Lunches Served | 102 | 97 |
| Number of Tier 1 Supplements Served | 138 | 135 |

EXHIBIT G

Daycare Home Provider Data

Name of Home/Tier Type: Jeannette Richards

| Program Area | Reported on Claim | Reconciled to Provided Documents |
|---|-------------------|----------------------------------|
| Number of Days that CACFP Food Service was operated | 21 | 21 |
| Total Tier 1 Attendance | XXXX | 200 |

| | | |
|------------------------------------|-----|-----|
| Number of Tier 1 Lunch Served | 96 | 131 |
| Number of Tier 1 Supplement Served | 116 | 146 |
| Number of Tier 1 Suppers Served | 116 | 146 |

EXHIBIT H

Daycare Home Provider Data

Name of Home/Tier Type: Carolyn LaCour

| Program Area | Reported on Claim | Reconciled to Provided Documents |
|---|-------------------|----------------------------------|
| Number of Days that CACFP Food Service was operated | 21 | 21 |
| Total Tier 1 Attendance | XXXX | 209 |
| Number of Tier 1 Breakfasts Served | 296 | 207 |
| Number of Tier 1 AM Supplements Served | 304 | 142 |
| Number of Tier 1 Lunches Served | 304 | 145 |
| Number of PM Supplements Served | 301 | 95 |
| Number of Suppers Served | 292 | 49 |
| Number of Evening Supplements Served | 292 | 0 |

EXHIBIT I**Daycare Home Provider Data****Name of Home/Tier Type: Priscilla Rutledge**

| Program Area | Reported on Claim | Reconciled to Provided Documents |
|---|--------------------------|---|
| Number of Days that CACFP Food Service was operated | 21 | 21 |
| Total Tier 1 Attendance | XXXX | 60 |
| Number of Tier 1 Lunches Served | 120 | 60 |
| Number of Tier 1 PM Supplements Served | 140 | 60 |
| Number of Tier 1 Suppers Served | 108 | 53 |

EXHIBIT J**Daycare Home Provider Data****Name of Home/Tier Type: Kathy Jenkins**

| Program Area | Reported on Claim | Reconciled to Provided Documents |
|---|--------------------------|---|
| Number of Days that CACFP Food Service was operated | 21 | 21 |
| Total Tier 1 Attendance | XXXX | 297 |
| Number of Tier 1 Breakfast Served | 295 | 293 |
| Number of Tier 1 Lunches Served | 289 | 236 |
| Number of Tier 1 PM Supplements Served | 289 | 295 |
| Number of Tier 1 Suppers Served | 281 | 55 |
| Number of Tier 1 Evening Supplements Served | 281 | 0 |



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BILL HASLAM
GOVERNOR

DANIELLE W. BARNES
COMMISSIONER

January 22, 2018

Alicia Douglas, Chairman of the Board
Just 4 Kids, Incorporated
1105 Jennings Street
Nashville, Tennessee 37208

**Notice of payment due to findings disclosed in the monitoring report dated January 22, 2018, for
Child and Adult Care Food Program (CACFP)**

| | |
|----------------------|--|
| Institution Name: | Just 4 Kids, Inc. |
| Institution Address: | 1105 Jennings Street Nashville, Tennessee 37208 |
| Agreement Numbers: | 00-336 |
| Amount Due: | \$2,241.18 |
| Due Date: | February 22, 2018 |

Based on the monitoring report issued by the Audit Services Division within the Tennessee Department of Human Services, the Community and Social Services - Food Programs - CACFP & SFSP management has agreed with the findings which requires your institution to reimburse the Department of Human Services for disallowed meals cost.

Please remit a check or money order payable to the ***Tennessee Department of Human Services*** in the amount of \$2,241.18 by the due date to:

**Tennessee Department of Human Services
Fiscal Services 11th Floor
Citizens Plaza Building
400 Deaderick Street
Nashville, Tennessee 37243-1403**

Please note that the disallowed cost / overpayment of the CACFP is subject to an interest charge. The interest charge will be waived if the payment is received by the due date. If payment is not received by the end of 5th day of the due date, an interest charge may be added to the original amount due and will be billed to your entity.

If you have any questions regarding this notice, please feel free to contact Allette Vayda, Director, Community and Social Services - Food Programs - CACFP & SFSP at (615) 313-3769 or Allette.Vayda@tn.gov.

Thank you for your attention



Tennessee Department of Human Services

Corrective Action Plan for Monitoring Findings

Instructions: Please print in ink or type the information to complete this document. Enter the date of birth for each Responsible Principal and/or Individual in Section B. Attach the additional documentation requested. Enter your name, title and date of signature on the last page. Please sign your name in ink.
Please return ALL pages of the completed Corrective Action Plan form.

Section A. Institution Information

| | | |
|---|------------------------|--|
| Name of Sponsor/Agency/Site: Just for Kids, Inc | Agreement No. 00336 | <input type="checkbox"/> SFSP <input checked="" type="checkbox"/> CACFP |
|---|------------------------|--|

Mailing Address: 1105 Jennings Street Nashville, Tennessee 37208

Section B. Responsible Principal(s) and/or Individual(s)

| | |
|---|--------------------------|
| Name and Title: Alicia Douglas, Chairman of the Board | Date of Birth: / / |
|---|--------------------------|

Section C. Dates of Issuance of Monitoring Report/Corrective Action Plan

| | |
|------------------------------|-----------------------------------|
| Monitoring Report: 1/22/2018 | Corrective Action Plan: 1/22/2018 |
|------------------------------|-----------------------------------|

Section D. Findings

Findings:

1. The Sponsor reported incorrect meal counts
2. The Sponsor served meals outside approved serving time
3. The Sponsor served whole milk to children over two years of age
4. The Sponsor did not have enrollment information available for review as required
5. The Sponsor did not have a current menu posted for the meal observed
6. The Sponsor did not provide documentation for the required annual CACFP training
7. The Sponsor did not monitor sites as required
8. The Sponsor did not have a thermometer in the refrigerator

The following measures will be completed within **30 calendar days** of my institution's receipt of this corrective action plan:

Measure No. 1: The Sponsor reported incorrect meal counts

The finding will be fully and permanently corrected.
Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: Position Title:

Name: Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No.2: The Sponsor served meals outside approved serving time

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 3: The Sponsor served whole milk to children over two years of age

The finding will be fully and permanently corrected.
Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: Position Title:

Name: Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 4: The Sponsor did not have enrollment information available for review as required

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 5: The Sponsor did not have a current menu posted for the meal observed

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No.6: The Sponsor did not provide documentation for the required annual CACFP training

The finding will be fully and permanently corrected.
Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: Position Title:

Name: Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 7: The Sponsor did not monitor sites as required

The finding will be fully and permanently corrected.
Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name: Position Title:

Name: Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

Measure No. 8: The Sponsor did not have a thermometer in the refrigerator

The finding will be fully and permanently corrected.

Identify the name(s) and position title(s) of the employee(s) who will be responsible for ensuring that the finding is fully and permanently corrected:

Name:

Position Title:

Name:

Position Title:

Describe below the **step-by-step** procedures that will be implemented to correct the finding:

When will the procedures for addressing the finding be implemented? Provide a timeline below for implementing the procedures (i.e., will the procedures be done daily, weekly, monthly, or annually, and when will they begin?):

Where will the Corrective Action Plan documentation be retained? Please identify below:

How will new and current staff be informed of the new policies and procedures to address the finding (e.g., Handbook, training, etc.)? Please describe below:

I certify by my signature below that I am authorized by the institution to sign this document. As an authorized representative of the institution, I fully understand the corrective measures identified above and agree to fully implement these measures within the required time frame. I also understand that failure to fully and permanently correct the findings in my institution's CACFP or SFSP will result in its termination from the program, and the placement of the institution and its responsible principals on the National Disqualified List maintained by the U.S. Department of Agriculture.

Printed Name of Authorized Institution Official:

Position:

Signature of Authorized Institution Official: _____

Date: / /

Signature of Authorized TDHS Official: _____

Date: / /

- (xi) The institution, one of its sponsored facilities, or one of the principals of the institution or its facilities has been convicted for any activity that indicates a lack of business integrity;

(c) Administrative review is also available if the State agency notifies the institution and responsible principal or responsible individual of the following actions: proposed disqualification of a responsible principal or responsible individual, denial of a budget, denial of a line item within a budget, downward adjustment of the amount approved in a budget, suspension of an institution's participation, denial of start-up or expansion funds, denial of a request for advanced payment, recovery of an advance in excess of a claim, denial of a claim for reimbursement (except for late submission), decision not to forward an exception request for payment of a late claim, overpayment demand, denial of a new or renewing institution's application for participation, denial of sponsored facility application, notice of proposed termination, claim denial, claim deadline exceptions and requests for upward adjustments to a claim, or any other action affecting an institutions participation or claim for payment.

3. All appeal requests must be presented in writing to the TDHS Division of Appeals and Hearings not later than 15 calendar days after the date the institution or sponsoring agency receives the notice of adverse administrative action.

4. The date of an institution's or sponsoring agency's receipt of a notice of suspension and/or proposed termination and disqualification will be governed by the federal regulation at 7 CFR Part 226.2. The notice must specify the action being proposed or taken and the basis for the action, and is considered to be received by the institution or day care home when it is delivered, sent by facsimile, or sent by email. If the notice is undeliverable, it is considered to be received by the institution, responsible principal or responsible individual, or day care home five days after being sent to the addressee's last known mailing address, facsimile number, or email address.

5. The TDHS Division of Appeals and Hearings will acknowledge the receipt of the appeal request within 10 calendar days of the receipt of the institution's or sponsoring agency's request for review. The written request for review should state if a fair hearing is requested or if a review of written information in lieu of a fair hearing is requested. If the appeal request from the institution or sponsoring agency does not specifically request a hearing, a review of written information in lieu of a hearing will occur. If a fair hearing is requested and the institution or sponsoring agency's representative fails to appear, the right to a personal appearance is waived.

6. If an institution or sponsoring agency does not request a fair hearing or a review of written information in lieu of the hearing within 15 calendar days from the date the institution or sponsoring agency receives a Notice of Proposed Termination, the TDHS will issue a letter advising the institution or sponsoring agency that it is terminated from the CACFP effective on the 16th calendar day following the institution's or sponsoring agency's receipt of the notice, and that the responsible principals and individuals of the institution or sponsoring agency are disqualified from participation.

7. To be considered for a fair hearing or for a review of written information in lieu of a fair

Appeal Procedures for Child and Adult Care Food Program-Institutions
Revised March 2017

hearing, all written documents must be submitted to the TDHS Division of Appeals and Hearings not later than 30 days after receipt of the notice of adverse administrative action.

8. The action of the TDHS must remain in effect during the administrative review. The effect of this requirement on particular actions by TDHS is as follows:

(i) *Overpayment demand.* During the period of the administrative review, TDHS is prohibited from taking action to collect or offset the overpayment. However TDHS must assess interest beginning with the initial demand for remittance of the overpayment and continuing through the period of administrative review unless the administrative review official overturns the TDHS's action.

(ii) *Recovery of advances.* During the administrative review, TDHS must continue its efforts to recover advances in excess of the claim for reimbursement for the applicable period. The recovery may be through a demand for full repayment or an adjustment of subsequent payments.

(iii) *Program payments.* The availability of Program payments during an administrative review of the denial of a new institution's application, denial of a renewing institution's application, proposed termination of a participating institution's agreement, and suspension of an institution are addressed in paragraphs (c)(1)(iii)(D), (c)(2)(iii)(D), (c)(3)(iii)(D), (c)(5)(i)(D), and (c)(5)(ii)(E), respectively, of 7 CFR §226.6.

9. The institution or sponsoring agency must refute the charges contained in the notice during the fair hearing or in the written information that is provided in lieu of the hearing.

10. The institution and the responsible principals and responsible individuals may retain legal counsel, or may be represented by another person.

11. If a fair hearing is requested, the institution or sponsoring agency will be notified in writing of the time, date and place of the fair hearing at least 10 calendar days in advance.

12. Any information which supports an adverse administrative action taken by the TDHS shall be available to the institution or sponsoring agency for inspection from the date of the receipt of the request for a fair hearing or a review of written information in lieu of the hearing.

13. In accordance with 7 CFR Part 226.6 (k)(8), the TDHS Division of Appeals and Hearings must conduct the administrative review of the proposed disqualification of the responsible principals and responsible individuals as part of the administrative review of the application denial, proposed termination, and/or proposed disqualification of the institution with which the responsible principals or responsible individuals are associated. However, at the administrative review official's discretion, separate administrative reviews may be held if the institution does not request an administrative review or if either the institution or the responsible principal or responsible individual demonstrates that their interests conflict.

14. The procedures contained in the Uniform Administrative Procedures Act found at TCA 4-5-301 et seq. shall be followed in rendering a decision on all appeals. The decision of the hearing officer is the final administrative determination to be afforded to the institution or sponsoring agency, and shall be rendered in a timely manner not to exceed 60 calendar days from the date of the receipt of the request for a fair hearing.

15. The processing limits for administrative appeals MUST be met. In the event a continuance is requested by a party, one continuance may be granted at the Hearing Official's discretion. This

Appeal Procedures for Child and Adult Care Food Program-Institutions
Revised March 2017

continuance shall not be for a period longer than ten (10) calendar days unless there are exceptional circumstances. Exceptional circumstances must be detailed in the order of continuance and the order must contain a date certain for the hearing, to be set as soon as possible. A report of pending CACFP desk review and fair hearing requests will be generated and reviewed daily by the Clerk's Office and the Legal Director for Appeals and Hearings who will monitor the dates for timeliness. In the event a decision has not been rendered within forty-five (45) calendar days of the date of receipt of the request for fair hearing or desk review, the Legal Director for Appeals and Hearings or their back-up shall notify the hearing official to take appropriate action.

16. All requests for a fair hearing or for a review of written information in lieu of a hearing must be submitted to:

Tennessee Department of Human Services
Division of Appeals and Hearings
PO Box 198996, Clerk's Office
Nashville, TN 37219-8996
Fax: (615) 248-7013 or (866) 355-6136
E-mail: AppealsClerksOffice.DHS@tn.gov

17. If a termination action is upheld by the hearing officer, the TDHS will issue a letter to the institution or sponsoring agency and its responsible principals and individuals advising that the termination and disqualification are effective on the date of the ruling issued by the hearing officer. The agency maintains searchable records of all administrative reviews and their dispositions for a period of five (5) years.

18. As required by 7 CFR Part 226.6 (c)(7), each disqualified institution, sponsoring agency, principal and individual will be placed on the National Disqualified List maintained by the U.S. Department of Agriculture (USDA). Once included on the National Disqualified List, an institution, sponsoring agency, principal and individual shall remain on the list until such time as the USDA, in consultation with the TDHS, determines that the serious deficiencies that led to their placement on the list have been corrected, or until seven years have elapsed since they were disqualified from participation. However, if the institution, sponsoring agency, principal or individual has failed to repay debts owed under the program, they will remain on the list until the debt has been paid.